

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B.	X005	0-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	67m	6744	32/15/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	1/2/00
1	✓ ✓ ✓
2	✓ ✓ ✓
3	✓ ✓ ✓
4	✓ ✓ ✓
5	✓ ✓ ✓
6	✓ ✓ ✓
7	✓ ✓
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9	✓ ✓
10	✓ ✓
11	✓ o
12	✓ o
13	✓ o
14	✓ o
15	✓
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17	✓
18	✓
19	✓
20	✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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